



Delta Doctors Program

J-1 Visa Waiver Application Checklist

Name of reviewer:		Physician's name:	
Date received:		DOS case number:	
Review process start date:		DOB:	
Copy of check:		Country of origin:	
Date sent to DOS:		Specialty:	
Tracking number:		Current address:	
Copy of DRA's letter:			
Copy of shipping receipt:		Phone number:	
Sent attorney DRA letter:		Email:	
Recorded in database:		HPSA number:	
Reviewer notes:		MUA number:	
		Term:	
		Work site:	
		*Provide additional worksites with HPSA/MUA number(s) on separate page.	
		County/Parish:	
Attorney:		Employer name:	
Firm name:		Employer contact name:	

Attorney address:		Employer address:	
Attorney phone number:		Employer phone number:	
Attorney fax number:		Employer fax number:	
Attorney email:		Employer email:	



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Two packets are required for submission to the U.S. Department of State and to the Delta Regional Authority.

Packet 1: Must contain Items 1 through 10.

Packet 2: Must contain Items 1 through 27.

Checklist For DRA use only.	Item #	Required Documentation/Information	Attorney Checklist
	1	Form G-28 – Notice of Entry of Appearance as Attorney or Accredited Representative	
	2	Cover letter from employer/facility	
		NIW support?	
		HPSA number:	
		MUA number:	
		FIPS number:	
		Physician information	
		Medicare/Medicaid/Indigent pop. (3-year data)	
		Patient-to-Physician ratio:	
	3	DS-3035 and Supplementary Applicant Information Pages	
		Statement of Reason?	
		Third Party Barcode?	
		Waiver Division Barcode?	

		Case number verified?	
		2 copies?	
	4	CV with social security number	
	5	DOS exchange visitor attestation form	
		Signed/Dated by physician; Notarized?	
	6	Copy of executed contract	
		Signed/Dated by physician and employer	
		3-year service? 5-year service (NIW)?	
		No non-compete clause	
		160 hours/month of primary/specialty medical care	
		Service to Medicare/Medicaid/Indigent population	
		Base salary:	
		Name and address of each facility:	
	7	Proof of HPSA/MUA status	
		Status verified?	
	8	IAP-66/DS-2019	
		Verify from entry to present	
	9	Copy of I-94	
	10	Recruiting documentation	
		Recruitment overview sheet	
		National/State/State Medical Schools/Other	
	11	Letter of opinion from legal representation	
		Requesting NIW?	
	12	DRA J-1 program guidelines	

		Signed/Dated by physician and employer	
	13	DRA affidavit and agreement	
		Signed/Dated by physician; Notarized?	
		All pages included?	
	14	Proof of prevailing wage data	
		Level I:	
		Level II:	
	15	Letters of community support	
		Two (2) local, unaffiliated physicians	
		One (1) local elected official	
	16	Letters of recommendation	
	17	Copy of diploma(s), board certification(s), USLME scores, etc..	
		State medical license or application for license	
	18	Proof of existence for each facility	
	19	Copy of posted public notice of sliding fee payment for each facility	
	20	List of primary care or specialty physicians in county/parish	
	21	Passport(s)	
	22	Physician statement	
		NIW statement (if applicable)	
<i>If applicable (i.e. specialty physician):</i>			
	23	Sponsor's letter	
	24	Service area description	
	25	Letter of support – chief medical officer	

	26	Letters of support – Two (2) local, unaffiliated primary care physicians, 1 local elected official	
	27	Optional: Additional information to support specialty waiver	

Summary of Reviewer's Findings: